



**DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
OFFICE OF WATER RESOURCES  
PERMITTING SECTION  
INDIVIDUAL SEWAGE DISPOSAL SYSTEMS PROGRAM**



**DESIGNER'S CERTIFICATE OF CONSTRUCTION FOR ISDS**

**Permit No.** \_\_\_\_\_

I, \_\_\_\_\_, as the designer of record for the ISDS installation located at (Street) \_\_\_\_\_ in the City or Town of \_\_\_\_\_ hereby certify that the installation of the ISDS was performed by the installer named below, and to the best of my information, knowledge and belief, was witnessed and inspected in accordance with RIDEM/ISDS Rules and Regulations, and that, in my professional opinion, the installation of the ISDS conforms with the plans, specifications, applicable statutes, regulations, and construction tolerances as approved by the Director of the Rhode Island Department of Environmental Management. I further certify that I have documented the installation in accordance with RIDEM/ISDS Rules and Regulations. This certification is effective as of (date): \_\_\_\_\_

**The septic tank, D-Box (if any) and leach field are located as set forth below:**

**Installer's Name** \_\_\_\_\_ **License No.** \_\_\_\_\_

**Designer License No. D-** \_\_\_\_\_

**Designer's Signature** \_\_\_\_\_ **Date Signed** \_\_\_\_\_

**Designer Request of Change (DROC) Approval Date(s)** \_\_\_\_\_

**DESIGNER: PLEASE RETAIN GREEN COPY FOR YOUR RECORDS**